

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018372

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 12Primary Registration District No. 3013Registrar's No. 86

STATE FILE NUMBER

FILED MAY 21 1962

## 1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN NORTH KANSAS CITYLength of stay in 1b  
28 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION NO. KANSAS CITY MEM. HOSP.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY  
OR  
TOWN INDEPENDENCEInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
10519 East 6th St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

LILLIAN

B.

CUNNINGHAM

4. DATE  
OF  
DEATHMonth  
MAYDay  
16Year  
1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

11-7-1889

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

MAIL ORDER CLERK

10b. KIND OF BUSINESS OR INDUSTRY

SEARS &amp; ROEBUCK

11. BIRTHPLACE (City and state or country)

MOUND CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

CHRISTOPHER C. MC KEE

## 13b. MOTHER'S MAIDEN NAME

LOUISE L. BOLEN

## 14. NAME OF HUSBAND OR WIFE

NONE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Bertie Thomas, 10519 E. 6th St., Indep. Mo.

18. CAUSE OF DEATH (Enter only one cause per line if  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

Pericarditis and B. L. Heding  
Leukemia and thrombocytopenia  
This fever for carcinoma ovaryINTERVAL BETWEEN  
ONSET AND DEATH

5 days

2 months

9 1/2 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

acute cholecystitis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

July 20, 1961 to May 16, 1962

and last saw her alive on May 16, 1962

## Death occurred at

2200 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

S. Cornei Bates, M. H.

## 22b. ADDRESS

2730 South Main, Kansas City, Mo.

## 22c. DATE SIGNED

5/17/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

5-18-62

## 23c. NAME OF CEMETERY OR CREMATORY

MOUNT WASHINGTON CEMETERY

## 23d. LOCATION (City, town, or county)

INDEPENDENCE, MO.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.

## 25. DATE RECD. BY LOCAL REG.

5-17-62

## 26. REGISTRAR'S SIGNATURE

Marguerite Henderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

6664

27605

3

4 1

5 3

6

7 0

8 1

9 175.0

10

11

12 6-0

13 2-0

MAY 24 1962

JUL 24 1962

JAN 2 1963

MAY 31 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.